Application Data Sheet

Middle Name::

| Application Information | |
|----------------------------------|---------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | Paper |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | SPHINGOSINE KINASE ENZYME |
| Attorney Docket Number:: | PITSON=1A |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 19 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | · |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Australia |
| Status:: | Full Capacity |
| Given Name:: | Stuart |
| Middle Name | Maxwell . |

Family Name:: **PITSON** Name Suffix:: City of Residence:: Norwood State or Province of Residence:: South Australia Country of Residence:: Australia Street of Mailing Address:: 1B Threlfall Avenue City of Mailing Address:: Norwood State or Province of Mailing Address:: South Australia Country of Mailing Address:: Austarlia Postal or Zip Code of Mailing Address:: 5007 **Applicant Authority Type:**: inventor **Primary Citizenship Country::** United States of Ameriac Status:: **Full Capacity** Given Name:: Brian Middle Name:: Wolff Family Name:: WATTENBERG Name Suffix:: City of Residence:: Belair State or Province of Residence:: South Australia Country of Residence:: Australia Street of Mailing Address:: 137 Sheoak Road City of Mailing Address:: Belair State or Province of Mailing Address:: South Australia Country of Mailing Address:: Australia Postal or Zip Code of Mailing Address:: 5052 **Applicant Authority Type::** Inventor **Primary Citizenship Country::** China Status:: **Full Capacity** Given Name:: Pu Middle Name:: Family Name:: XIA Name Suffix::

Magill

City of Residence::

State or Province of Residence:: South Australia

Country of Residence:: Australia

Street of Mailing Address:: 97 Shakespeare Avenue

City of Mailing Address:: Magill

State or Province of Mailing Address:: South Australia

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 5072

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Richard
Middle Name:: James

Family Name:: D'ANDREA

Name Suffix::

City of Residence:: Stonyfell

State or Province of Residence:: South Australia

Country of Residence:: Australia

Street of Mailing Address:: 54 Allendale Grove

City of Mailing Address:: Stonyfell

State or Province of Mailing Address:: South Australia

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 5066

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Jennifer
Middle Name:: Ruth

Family Name:: GAMBLE

Name Suffix::

City of Residence:: Stirling

State or Province of Residence:: South Australia

Country of Residence:: Australia

Street of Mailing Address:: 8 Branch Road

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City of Mailing Address:: Stirling

State or Province of Mailing Address:: South Australia

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 5152

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Matthew

Middle Name:: Alexander

Family Name:: VADAS

Name Suffix::

City of Residence:: Stirling

State or Province of Residence:: South Australia

Country of Residence:: Australia

Street of Mailing Address:: 8 Branch Roaad

City of Mailing Address:: Stirling

State or Province of Mailing Address:: South Australia

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 5152

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application Division of 09/959,897 01-24-02

09/959,897 National Stage of PCT/AU00/00457 05-12-00

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Australia PQ0339 05-13-99 Yes

Australia PQ1504 05-08-99 Yes

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Assignment Information

Assignee Name:: Johnson & Johnson Pharmaceutical R and

D LLC

Street of Mailing Address:: 1000 Route 202

City of Mailing Address:: Raritan

State or Province of Mailing Address:: New Jersey

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 08869